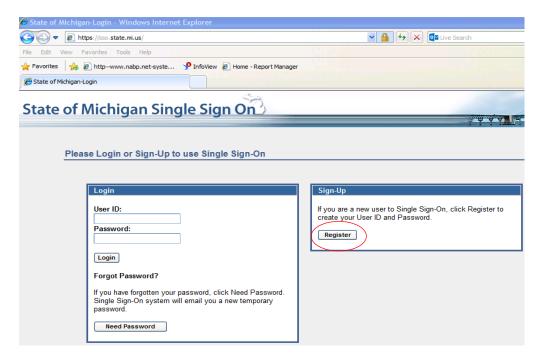


## Single Sign On (SSO) and Subscription to the Michigan Automated Prescription System (MAPS) Practitioner/Pharmacist Registration Instructions

There are two steps in registering to the Michigan Automated Prescription System. The first step involves registering with the Single Sign On (SSO) to bring the user to the State of Michigan application portal, with the second step of actually registering to MAPS.

Begin by accessing the SSO by opening your web browser and entering https://sso.state.mi.us/.

Select Register from the State of Michigan Single Sign On screen.



Complete the requested practitioner information; the registration must be in the practitioner's name. Select *Continue.* 



Enter a four digit number of your choice or generate a random four digit number to create your User ID. Confirm the number shown in the blue box by entering it into the empty box. Select *Continue*.



A User Registration Confirmation screen will appear. Confirm all information and select Submit.



You will receive a message stating your request is being processed. Select Close.



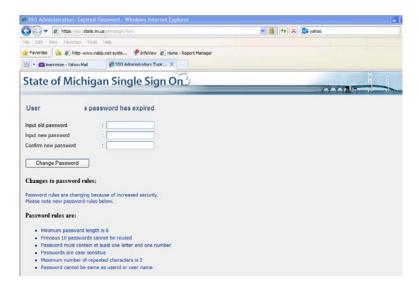
You will receive an email from <u>SSO\_Administrator@michigan.gov</u> which will provide you with details regarding your User ID and Temporary Password to access the SSO.



Access the SSO website at <a href="https://sso.state.mi.us/">https://sso.state.mi.us/</a> and enter your assigned User ID and Temporary Password. Select Login.



Your <u>Temporary</u> Password will automatically expire and you will be prompted to create a new password. Complete the information and select *Change Password*.



Complete the Change Challenge/Response Answers. Select OK.



Select *OK* for the following screen.



Select *Done* for the following screen.



You will automatically be routed to the SSO Application Portal. Select Subscribe to Applications.



Select *Dept of Licensing and Regulatory Affairs* in the first list of options, and *Michigan Automated Prescription System* from the second list of options. Select *Next*.



Enter your work telephone and select Continue.



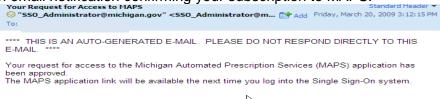
Confirm information and select Confirm.



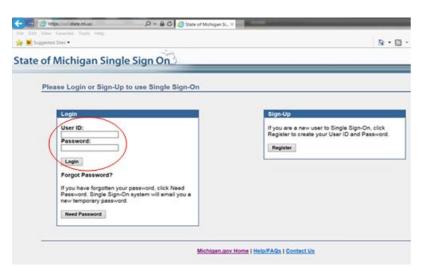
At this time, your subscription request has been submitted. Select Close.



You will receive an email notification confirming your subscription to MAPS.



Once you have received the email notification above, access the SSO via the link in the email or via your internet browser at <a href="https://sso.state.mi.us/">https://sso.state.mi.us/</a>. Enter your assigned User ID and Password. Select Login.



The <u>Michigan Automated Prescription System</u> link will be available at this time. Select this link to finalize your subscription.



The following *User Details* screen will appear and you will need to finalize your subscription. Select "*NO*" for the question '*Do you work for MDCH*'? and complete one of the three following options pertaining to your licensed profession.

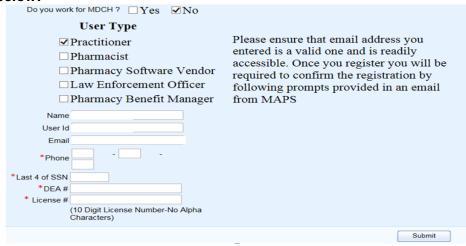
## **IMPORTANT NOTE**

*DEA #*s will begin with two letters and consist of seven numbers (i.e. AB1234567)

*License #s* will begin with a prefix of two numbers pertaining to each type of license and then an additional eight numbers:

Medicine <u>43</u> (<u>43</u>12345678-a total of 10 numbers)
Osteopathic <u>51</u>
Podiatric <u>59</u>
Pharmacist/Pharmacy <u>53</u>
Nurse Practitioners <u>47</u>
Physician Assistant <u>56</u>
Dentist <u>29</u>
Veterinarian <u>69</u>

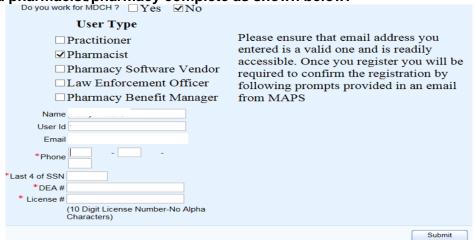
➤ If you are a prescriber who <u>DOES NOT</u> dispense controlled substances in your office, complete as shown below:



If you are a prescriber who <u>DOES</u> dispense controlled substances in your office, complete as shown below:

~	
Do you work for MDCH ? ☐ Yes ✓ No	
User Type	
✓ Practitioner	Please ensure that email address you entered is a valid one and is readily accessible. Once you register you will be required to confirm the registration by following prompts provided in an email from MAPS
✓ Pharmacist	
☐Pharmacy Software Vendor	
□Law Enforcement Officer	
☐Pharmacy Benefit Manager	
Name	
User Id	
Email	
*Phone	
*Last 4 of SSN	
*DEA#	(Enter practitioner License #)
* License #	•
(10 Digit License Number-No Alpha Characters)	
	Submit

If you are a pharmacist/pharmacy complete as shown below:



Once you select *Submit*, your subscription will be activated at which time you will be able to request MAPS reports on patients and/or submit prescription data information.

Contact the MAPS staff with any questions at 517-373-1737 or email at BPL-MAPS@michigan.gov.